

REPORT a CRIME

INSTRUCTIONS: Please send completed form and any supporting documents to this address: TRaCE PO BOX 942879, Sacramento, CA 95814-0100, MIC:100. As an alternative, you can also go online and file your complaint at: www.boe.ca.gov/trace.

SUSPECT INFORM	MATION					
FIRST NAME	LAST NAME	M.I.	CELL PHONE NUMBER	TELEPHONE N	TELEPHONE NUMBER	
			()	()		
APPROXIMATE AGE SPOUSE INFORMATION (name, address, etc.)						
OODDODATE LLO OD DUO	NEGONALE					
CORPORATE, LLC, OR BUS	NESS NAME					
BUSINESS AND/OR HOME S	STREET ADDRESS		CITY	STATE	ZIP CODE	
2002007270	3111 <u>21</u> 713311 <u>2</u> 00		G	02		
EMAIL ADDRESS						
COMPLAINT SUM	MARY (who, what, wher	n, where, and how)				
	·	•	needed please continue on th	ne back of this form)		
		•	•	,		
CAN YOU PROVIDE E	VIDENCE TO SUPPORT YO	OUR COMPLAINT Y	es No (if yes, describe	the evidence or attach)		
COMPLAINT CATE	EGORIES (check all that	apply)				
					7. – .	
☐ Contracting/Lice	=		luman Trafficking			
☐ Motor Vehicles ☐ Counterfeiting/Piracy ☐			Sales and Use Tax	Tobacco Tax	Labor/Wage	
☐ Payroll/Workers (Compensation \square Unem	ployment Insurance/	Disability Fraud	Other (explain)		
VOLID INFORMAT	ION					
YOUR INFORMAT	ION					
☐ ANONYMOUS	You are encouraged to	provide your contact	information in case more	details are needed to	investigate your	
			mation may not be proces			
FIRST NAME	LAST NAME	M.I.	CELL PHONE NUMBER	PHONE NUMBER TELEPHONE NUMBER		
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			()	()	.	
BUSINESS AND/OR HOME S	STREET ADDRESS		CITY	STATE	ZIP CODE	
EMAIL ADDRESS DATE OF				DATE COMPLE	TED	
WHAT IS VALID DI	ELATIONSHIP TO THE	SUSDECT (chock off)	that apply)			
WHAI IS TOUR RI	LATIONSHIP TO THE	SUSPECT (CHECK all)	шагарріу)			
☐ Employee ☐	☐ Friend ☐ Relative	☐ Competitor	☐ Customer ☐ Bus	siness Owner 🔲 O	ther	
	o.ia riciative		_ 5050000000000000000000000000000000000	5 U		

(CONTINUED) COMPLAINT SUMMARY (who, what, when, where, and how)						